

(i.e., metadata). In order to assess and improve rapid ED data sharing, all 52 participating health departments will also be asked to share counts of ED visits involving suspected drug, opioid, heroin and stimulant overdoses by

county, age group, sex, and time (i.e., month and year), from more finalized hospital discharge files. The data will be shared with CDC on a quarterly or yearly basis using a standardized Excel data form, the ED discharge overdose

data form, and standard CDC case definitions. The total estimated annual burden hours are 1,272. There are no costs to the respondents other than their time.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Total number of responses per respondent	Average burden per response (hours)	Total annual burden (hours)
Participating health departments sharing aggregate data from local syndromic or hospital discharge file.	Rapid ED overdose data form .....	19	12	3	684
Participating health departments sharing case-level ED data with CDC through the NSSP BioSense (OMB #0920-0824)*.	Rapid ED overdose data form .....	33	12	30/60	198
Participating health department sharing finalized hospital discharge data on a quarterly basis.	ED discharge overdose data form ...	26	4	3	312
Participating health department sharing finalized hospital discharge data on a yearly basis.	ED discharge overdose data form ...	26	1	3	78

**Jeffrey M. Zirger,**

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92-463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)-*

*RFA-OH-20-007, National Center of Excellence for the Prevention of Childhood Agricultural Injury.*

*Date: June 8, 2021.*

*Time: 1:00 p.m.-3:00 p.m., EDT.*

*Place: Video-Assisted Meeting.*

*Agenda: To review and evaluate grant applications.*

**FOR FURTHER INFORMATION CONTACT:** Dan Hartley, Ed.D., Scientific Review Officer, Office of Extramural Programs, National Institute for Occupational Safety and Health, CDC, 1095 Willowdale Road, Morgantown, West Virginia 26505, Telephone: (304) 285-5812; [DHartley@cdc.gov](mailto:DHartley@cdc.gov).

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Kalwant Smagh,**

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-21-21EL; Docket No. CDC-2021-0041]

#### Proposed Data Collection Submitted for Public Comment and Recommendations

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled National Learning Community for HIV CBO Leadership Evaluation. The purpose of this data collection is to evaluate the National Learning Community for HIV CBO Leadership which is a component of cooperative agreement CDC-RFA-PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration.

**DATES:** CDC must receive written comments on or before June 25, 2021.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2021–0041 by any of the following methods:

- *Federal eRulemaking Portal:* *Regulations.gov.* Follow the instructions for submitting comments.

- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov.*

**Please note:** *Submit all comments through the Federal eRulemaking portal (regulations.gov) or by U.S. mail to the address listed above.*

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329; phone: 404–639–7118; Email: *omb@cdc.gov.*

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who

are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses; and

5. Assess information collection costs.

### Proposed Project

National Learning Community for HIV CBO Leadership Evaluation—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

The Centers for Disease Control and Prevention (CDC) partners with the national HIV prevention workforce to; (1) Ensure that persons with HIV (PWH) are aware of their infection and successfully linked to medical care and treatment to achieve viral suppression, and (2) expand access to pre-exposure prophylaxis (PrEP), condoms, and other proven strategies for persons at risk of becoming infected. CDC funds state and local health departments and community-based organizations (CBOs) to optimally plan, integrate, implement, and sustain comprehensive HIV prevention programs and services for people with and at greatest risk of HIV infection, including blacks/African Americans; Hispanics/Latinos; all races/ethnicities of gay, bisexual, and other men who have sex with men (MSM); people who inject drugs (PWID); and transgender persons.

Through the CDC cooperative agreement program entitled CDC–RFA–PS19–1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration, the CDC Division of HIV/AIDS Prevention (DHAP) funds the CBA Provider Network (CPN) to deliver CBA to CDC-funded health departments and CBOs. As part of that funding, the CDC has funded the Asian & Pacific Islander American Health Forum (APIAHF) to provide community-based organization (CBO) midlevel and senior leadership state-of-the-art trainings on how to improve their management of people, programs, and organizations to optimally provide HIV prevention, treatment, and/or care services. A key foundational course for all who enroll in the Learning Community is a comprehensive overview of the national strategy on ending the HIV epidemic. This information collection evaluates the Learning Community. Specifically, CDC and APIAHF are requesting the Office of Management and Budget (OMB) to grant a three-year approval to

collect data through the use of a Registration Form, a Post-Participation Survey, and a Post-Participation Semi-Structured Interview that will be administered to participants of the Learning Community.

The Learning Community participants will complete the Registration Form as part of the process for enrollment. The Learning Community Registration Form collects demographic information about participants including: (1) Business contact information (*e.g.*, email and telephone number, job title); (2) basic demographics on race, ethnicity, gender, sexual orientation, and employment setting; (3) programmatic and population areas of focus; and (4) work experience as a manager or organizational lead. After participating in the foundational courses and other course offerings over a 12-week period, participants are invited to complete the Post-Participation Survey. The Post-Participation Survey is designed to elicit information from participants about their experiences and feedback regarding the content of the courses and the delivery of the course material and other services (management coaching services are also being offered).

Also, part of the offering of the Learning Community is a six-week Problem-Solving Intensive that is designed to help managers work through specific managerial problems using the tenants of human-centered design. At the end of the Intensive, participants will be invited to participate in a Semi-Structured Interview by Zoom where they will discuss their experiences and feedback on the Intensive. The Registration Form, Post-Participation Survey, and Post-Participation Semi-Structured Interview for those participating in the Intensive will be administered to CBO staff who participate in these respective Learning Community activities. Respondents will provide information electronically through the online Registration Form and Post-Participation Survey. The number of respondents is calculated based on an expected number of CBO managers at CDC directly funded organizations given the previous number of organizations funded by CDC. We estimate 270 CBO managers will complete the Registration Form and the Post-Participation Survey, and 135 will provide responses to the Semi-Structured Interview, annually.

The information collected will allow APIAHF to:

- (1) Identify and respond to program performance issues identified through feedback from participants;

(2) Identify potentially new courses that may be of some use to HIV CBO leadership;  
 (3) Provide a timely and accurate aggregated accounting of patterns of usage and enrollment trends to CDC and

other state, and local agencies, and other stakeholders seeking information about the services delivered in the Learning Community.  
 No other federal agency collects these types of national HIV prevention

capacity building data. The total annualized burden is 89 hours. There are no other costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr.)	Total burden (in hr.)
CBO Managers .....	Registration Form .....	270	1	3/60	14
CBO Managers .....	Post Participation Survey .....	270	1	9/60	41
CBO Managers .....	Semi-Structured Zoom Interview .....	135	1	15/60	34
<b>Total .....</b>	.....	.....	.....	.....	<b>89</b>

**Jeffrey M. Zirger,**  
*Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-21-1108]

**Agency Forms Undergoing Paperwork Reduction Act Review**

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled *Paul Coverdell National Acute Stroke Program (PCNASP)* to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on December 3, 2020 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

- (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- (b) Evaluate the accuracy of the agencies estimate of the burden of the

proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain) Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

**Proposed Project**

Paul Coverdell National Acute Stroke Program (PCNASP) (OMB Control No. 0920-1108, Exp. 09/30/2022)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Stroke is the fifth leading cause of death in the United States, and results in approximately 145,000 deaths per year. However, many strokes are preventable, or patient outcomes post-stroke can be improved through coordinated care that begins at stroke onset, and is delivered in a timely manner.

Through the Paul Coverdell National Acute Stroke Program (PCNASP), CDC has continuously worked to measure and improve acute stroke care using well-known quality improvement strategies coupled with frequent evaluation of results. There remains a national need to understand best practices of stroke systems of care, which includes prevention and awareness, use of EMS, in-hospital care, and rehabilitation and recovery. PCNASP awardees work statewide with participating hospitals, Emergency Medical Services (EMS) agencies, and other healthcare partners (e.g., community clinical partners) to improve quality of care for stroke patients. These efforts include implementing strategies to close the gap on stroke disparities, identifying effective stroke treatment centers, building capacity and infrastructure to ensure that stroke patients are routed to effective treatment centers in a timely manner, and improving transitions of care from the hospital to the next care setting.

The PCNASP’s current five-year cooperative agreement started on July 1, 2015 and includes nine state health department awardees and their selected partners (hospitals, EMS agencies, other healthcare facilities). This current funding period reflects additional emphasis on pre-hospital quality of care as well as the post-hospital transition of care setting from hospital to home or other healthcare facility. With technical